



BOARD OF NURSING

P O BOX 200513
HELENA MT 59620
1-406-841-2340

LIC.#: _____

DATE: _____

STATUS: _____

ADDRESS CHANGE

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

☐ ACTIVE \$100.00 ☐ INACTIVE \$50.00

Your Montana Nursing license will expire on December 31, 2004 **This is now a TWO-YEAR RENEWAL**

In order to renew your Nursing license:

- 1) Complete the renewal application.
- 2) Answer the legal/disciplinary question at the bottom of the form (include DUI's, any other criminal charges).
- 3) Choose a license status by checking the appropriate box above and submitting a check or money order made payable to the **Montana Board of Nursing**: \$100.00 for active license or \$50.00 for inactive licensure for a two-year period. If your check is returned to us for a reason of non-sufficient funds, your license for the upcoming two years will be invalid and you will be charged and **additional administrative fee of \$50.00**. Practicing nursing with an invalid license is a violation of the Nurse Practice Act. Do not send cash. Canadian and Foreign Residents pay in U.S. funds only.
- 4) Sign and date the renewal form.
- 5) Renewals with a US Postal Service postmark after December 31 will be assessed a late renewal fee of \$100.00 for Active Status or \$50.00 for Inactive Status. This is in addition to your renewal fee **NO EXCEPTIONS!**

Yes___ No___ Have any legal or disciplinary actions been instituted against you since your renewal? If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Sec. 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

Your Signature: _____ Date: _____

DO NOT SEND CASH